

COMMUNITY CENTER PRESCHOOL, LLC

ADMISSIONS INFORMATION SHEET

DATE OF ADMISSION: (To be filled out by office)	PLEASE CHECK ONE: GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF WITHDRAWAL: (To be filled out by office)
CHILD'S FULL NAME		DATE OF BIRTH
STREET ADDRESS		CITY, STATE & ZIP
		HOME TELEPHONE #
MOTHER'S NAME		FATHER'S NAME
MOTHER'S EMPLOYER & PHONE NUMBER		FATHER'S EMPLOYER & PHONE NUMBER
MOTHER'S CELL PHONE		FATHER'S CELL PHONE
EMAIL ADDRESS		
EMERGENCY CONTACT INFORMATION PERSON(S) TO CALL WHEN PARENT CANNOT BE REACHED AND ARE APPROVED TO PICK-UP YOUR CHILD <small>*Identification may be required before child will be released to anyone other than parents.</small> EMERGENCY CONTACTS CAN NOT BE PARENTS		
NAME	ADDRESS & PHONE NUMBER	RELATIONSHIP
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PLEASE LIST ANY ALLERGIES AND/OR SPECIAL INSTRUCTIONS REGARDING YOUR CHILD'S HEALTH

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION AND EVACUATION RELEASE: In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to call the following physician and/or the Deer Park Emergency Corps:
 NAME OF PHYSICIAN:
 PHONE NUMBER:

CHECK ALL THAT APPLY:

1. **Field trips:** I hereby give do not give -- my consent for my child to participate in field trips:

2. **Water activities:** I hereby give do not give -- my consent for my child to participate in water activities such as sprinkler play and water table play.

3. **Transportation:** I hereby give do not give --consent for my child to be transported and supervised by the operation's employees for emergency care.

4. I understand that a **current immunization record and signed doctor's release form (attached)** is required before the first day of school.

SIGNATURE – PARENT OR GUARDIAN

DATE